BEST AVAILABLE CO	DPY_
	Applica

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

ation or Docket Number 09/511527

CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	MALL E		OR	OTHER SMALL E	
			umn 1)	NUMBER E			RATE	FEE	ў., Г	RATE	FEE
FOR NUMBER FILED			Liberty St.	20210-991-993	1 1200	VALUE OF				690.00	
BASIC FEE								345.00	OR		090.00
TOTAL CLAIMS 5 minus 20= *							X\$ 9=	<u>.</u>	OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *						L	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							OTAL	33	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						5	OTHER THAN SMALL ENTITY OR SMALL ENTITY				
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	-7	Minus •	· 20	=(.	-	X\$ 9=	(OR	X\$18=	
AMENDMENT	Independent	. 2	Minus •	3	=	T	X39=		OR	X78=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEPE	NDENT CLAIM		Γ	+130=		OR	+260=	
l							TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
	•	M)DII. FEE								
8 5		(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• G	Minus	71)	=		X\$ 9=	\land	OR	X\$18=	6
MEN	Independent	. 3	Minus	23	=		X39=		1 OR	X78=	
I ₹	FIRST PRESE	NTATION OF MI	ULTIPLE DEPE	NDENT CLAIM	. (lţ	+130=		OR	+260=	
			•			L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEL	
(Column 1) (Column 2) (Column 3)										AUDII. FEI	
NTC		(Column 1) CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MC	Total	. 3	Minus	20	=] [X\$ 9=		OR	X\$18=	
AMENDMENT	Independent		Minus	··· 3	=	4	X39=,		OR	X78=	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPI	ENDENT CLAI	M	1	+130=		ОЯ		
-	. 16 M	umn 1 ie lace than t	the entry in colum	nn 2. write "O" in c	polumn 3.	l	+130=	1	4	TOTA	ıL.
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									JOR	ADDIT. FE	E L
	"If the "Highest Nu The "Highest Nu	umber Previously I mber Previously P	raid For (Total of	Independent) is t	he highest numb	er fou	ind in the a	ppropriate t	o ni xo	column 1.	